

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 201  
Registered No. 257

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village 229 Depot Hill  
City Miami No. Miami Hosp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lilia Olga Santa Ana (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 29-1929  
Month Day Year

8. FATHER  
Full name Daniel M. Santa Ana  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Morenci, Arizona  
(State or country)

13. Occupation  
Nature of Industry Clerk

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER  
Full maiden name Rosa Fuentes  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Morenci, Arizona  
(State or country)

19. Occupation  
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 A. M. on the date above stated.  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.  
Physician (Physician or midwife.)

Address Miami, Arizona

Filed June 12-29 R. E. Jory  
Registrar

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report  
Month, day, year

Registrar

221-529-962